

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045069

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11699

FILED DEC 14 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

2 Days

c. FULL NAME OF (If NOT in hospital, give location)

Bethesda Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY

Maplewood

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2530 Oakland Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

ZONA

Middle

FAY

Last

WHEELIS

4. DATE

OF DEATH

Month

December

Day

4

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Widowed ☐

8. DATE OF BIRTH

9/18/98

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Sulfur Springs, Texas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Isaac P. Evett

13b. MOTHER'S MAIDEN NAME

Amanda Dunning

14. NAME OF HUSBAND OR WIFE

Sid Wheelis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Sid Wheelis 2530 Oakland Maplewood Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the Colon with metastases in the liver.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

153.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7:45 P.M.

Nov 17 1962 Dec 4 1962 and last saw her alive on Dec 4 1962

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Vincent F. Fennsund MD

(Degree or title)

22b. ADDRESS

Maplewood, Missouri
3101a Sutton Ave.

22c. DATE SIGNED

12/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12/7/62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Gardens

23d. LOCATION (City, town, or county)

St. Charles, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

White-Mullen Mortuary Ferguson Mo.

25. DATE RECD. BY LOCAL REG.

DEC 6 - 1962

26. REGISTRAR'S SIGNATURE

Ronald Smith MD

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

240043

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53-0

53

RECEIVED

At Lawrence
3101 S. Butler
Embalmed me.
43076530

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold X Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 3544

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.